

PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE

|                                                                                                                                                                                                 |                                                                                                                                                 |                                                                                                                            | or <u>Fax</u>                                                                               | P.O. Box 1450<br>Alexandria, Virg<br>(703) 746-4000                                                                                                                                                                                                                                                                                                     | inia 22313-1450                                                                                                                                 |                                                                                                                                                                 |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| INSTRUCTIONS: This for<br>appropriate. All further con<br>indicated unless corrected i<br>maintenance fee notification                                                                          | rm should be used for tran<br>respondence including the l<br>below or directed otherwise<br>as.                                                 | smitting the ISSUE FE<br>Pacent, advance orders a<br>in Block 1, by (a) spec                                               | is and PUBLIC<br>and notification<br>cifying a new o                                        |                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                 | should be completed where<br>at correspondence address as<br>parate "FEE ADDRESS" for                                                                           |  |
| CURRENT CORRESPONDENCE                                                                                                                                                                          | E ADDRESS (Note: Use Black 1 For                                                                                                                | any change of eddress)                                                                                                     | Note: A certificate of Fee(s) Transmittal. The                                              | mailing can only be used<br>its certificate cannot be used                                                                                                                                                                                                                                                                                              | for domestic mailings of the<br>d for any other accompanying<br>nent or formal drawing, must                                                    |                                                                                                                                                                 |  |
| 22242 7590 03/21/2005                                                                                                                                                                           |                                                                                                                                                 |                                                                                                                            |                                                                                             | have its own certificat                                                                                                                                                                                                                                                                                                                                 | e of mailing or transmission                                                                                                                    | r .                                                                                                                                                             |  |
| FITCH EVEN TABIN AND FLANNERY<br>120 SOUTH LA SALLE STREET<br>SUITE 1600<br>CHICAGO, IL 60603-3406                                                                                              |                                                                                                                                                 |                                                                                                                            |                                                                                             | Certificate of Mailing or Transmission  I hereby certify that this Fee[a] Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (703) 746-4000, on the late indicated below. |                                                                                                                                                 |                                                                                                                                                                 |  |
| C. 10.100, 12.00000 5.000                                                                                                                                                                       |                                                                                                                                                 |                                                                                                                            |                                                                                             | Thomas F                                                                                                                                                                                                                                                                                                                                                | . Lebens /                                                                                                                                      | (Depositor's name)                                                                                                                                              |  |
|                                                                                                                                                                                                 |                                                                                                                                                 | ·                                                                                                                          |                                                                                             | June 21                                                                                                                                                                                                                                                                                                                                                 | . 2005 /                                                                                                                                        | (Signiture) (Date)                                                                                                                                              |  |
| TOOT WATER BUILD                                                                                                                                                                                |                                                                                                                                                 |                                                                                                                            |                                                                                             |                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                 | CONFIRMATION NO.                                                                                                                                                |  |
| APPLICATION NO.                                                                                                                                                                                 | FILING DATE                                                                                                                                     | FIRST NAMED INV                                                                                                            |                                                                                             |                                                                                                                                                                                                                                                                                                                                                         | SONC.003 DS0                                                                                                                                    | 6818                                                                                                                                                            |  |
| 09/505,556                                                                                                                                                                                      | 02/17/2000<br>D PLAYBACK AUGMENT                                                                                                                |                                                                                                                            | iaines A. Moore                                                                             |                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                 | 4010                                                                                                                                                            |  |
| THEE OF INVENTION. C                                                                                                                                                                            | D ( LA ) BACK ACCINED                                                                                                                           |                                                                                                                            |                                                                                             |                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                 | . 9                                                                                                                                                             |  |
| APPLN. TYPE                                                                                                                                                                                     | SMALL ENTITY                                                                                                                                    | ISSUE FEE                                                                                                                  | P                                                                                           | JBLICATION FEE                                                                                                                                                                                                                                                                                                                                          | TOTAL FEE(S) DUE                                                                                                                                | DATE DUE                                                                                                                                                        |  |
| nonprovisional                                                                                                                                                                                  | YES                                                                                                                                             | \$700                                                                                                                      |                                                                                             | \$0                                                                                                                                                                                                                                                                                                                                                     | \$700                                                                                                                                           | 06/21/2005                                                                                                                                                      |  |
| EXAMINER                                                                                                                                                                                        |                                                                                                                                                 | ART UNIT                                                                                                                   | С                                                                                           | LASS-SUBCLASS                                                                                                                                                                                                                                                                                                                                           | ]                                                                                                                                               |                                                                                                                                                                 |  |
| MEL, XU                                                                                                                                                                                         |                                                                                                                                                 | 2644                                                                                                                       | 2644 369-047000                                                                             |                                                                                                                                                                                                                                                                                                                                                         | •                                                                                                                                               |                                                                                                                                                                 |  |
| CFR 1.363).  Change of correspond Address form PTO/SB/1  Tee Address* indica                                                                                                                    | e address or indication of "Fo<br>dence address (or Change of<br>22) statched.<br>tion (or "Fee Address" Indic-<br>or more recent) attached. Us | Correspondence or                                                                                                          | ) the names of agents OR, alte                                                              | the patent front page, is up to 3 registered pate matively, sometimes of the pate of agent) and the name attorneys or agents. It is perinted.                                                                                                                                                                                                           | nt attorneys 1 Fitcl                                                                                                                            | mas F. Lebens<br>n, Even, Tabin<br>lannery                                                                                                                      |  |
|                                                                                                                                                                                                 | RESIDENCE DATA TO B                                                                                                                             |                                                                                                                            |                                                                                             |                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                 |                                                                                                                                                                 |  |
| PLEASE NOTE: Unless recordation as set forth is                                                                                                                                                 | an assignee is identified be<br>a 37 CFR 3.11. Completion                                                                                       | clow, no assignee data of this form is NOT a su                                                                            | will appear on t<br>obstitute for filin                                                     | he patent. If an assign<br>g an assignment.                                                                                                                                                                                                                                                                                                             | ner is identified below, the                                                                                                                    | document has been filed for-                                                                                                                                    |  |
| (A) NAME OF ASSIGN                                                                                                                                                                              |                                                                                                                                                 |                                                                                                                            |                                                                                             | Y and STATE OR CO                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                 |                                                                                                                                                                 |  |
|                                                                                                                                                                                                 | ons, 101 Rowla                                                                                                                                  |                                                                                                                            |                                                                                             | i                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                 |                                                                                                                                                                 |  |
|                                                                                                                                                                                                 |                                                                                                                                                 | ries (will not be printed                                                                                                  | on the patent) :                                                                            | □ Individual 🖎                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                 | group entity Government                                                                                                                                         |  |
|                                                                                                                                                                                                 |                                                                                                                                                 |                                                                                                                            |                                                                                             | **Deposit Account amount of the foc(s) is enclosed. 06-1135 dit card. Form PTO-2038 is attached.                                                                                                                                                                                                                                                        |                                                                                                                                                 |                                                                                                                                                                 |  |
| Advance Order - # of Copies 9  The Director is hereby authorized by charge the required fee(s), or credit any overpayment, Deposit Account Number 06-1135 (enclose an extra copy of this form). |                                                                                                                                                 |                                                                                                                            |                                                                                             |                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                 |                                                                                                                                                                 |  |
|                                                                                                                                                                                                 | (from status indicated above                                                                                                                    | ·) / \                                                                                                                     |                                                                                             |                                                                                                                                                                                                                                                                                                                                                         | LL ENTITY status. See 37                                                                                                                        |                                                                                                                                                                 |  |
| The Director of the USPTO<br>NOTE: The Issue Fee and P<br>interest as shown by the rece                                                                                                         | is requested to apply the Issu<br>bublication Fee (if required) vords of the United States Pate                                                 | te Feeland Publication F<br>will not be accepted from<br>ent and Frademark Office                                          | ee (if any) or to<br>n anyone other to<br>e.                                                | re-apply any previous<br>han the applicant, a reg                                                                                                                                                                                                                                                                                                       | ly paid issue fee to the appl<br>patered attorney or agent, o                                                                                   | ication identified above.<br>r the assignor or other party in                                                                                                   |  |
| Authorized Signature                                                                                                                                                                            |                                                                                                                                                 |                                                                                                                            |                                                                                             | Date, 2005                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                 |                                                                                                                                                                 |  |
| Typed or printed name _                                                                                                                                                                         | ped or printed came Thomas F/. Lebens                                                                                                           |                                                                                                                            |                                                                                             | Registration                                                                                                                                                                                                                                                                                                                                            | 1 No. 38221                                                                                                                                     | <del></del>                                                                                                                                                     |  |
| This collection of informatic<br>an application. Confidential<br>submitting the completed ap-<br>this form and/or suggestions<br>Box 1450, Alexandria, Virg<br>Alexandria, Virginia 22313       | on is required by 37 CFR 1.3 ity is governed by 35 U.S.C. oplication form to the USPT of the reducing this burden, st inin 22313-1450. DONOT    | 17. The information is r<br>122 and 37 CFR 1.14.<br>O. Time will vary dependent to the Chiesen to the Chiesen FEES OR COMI | required to obtain<br>This collection<br>anding upon the<br>of Information (<br>PLETED FORM | n or retain a benefit by<br>is estimated to take 12<br>individual case. Any o<br>officer, U.S. Patent and<br>IS TO THIS ADDRES                                                                                                                                                                                                                          | the public which is to file (<br>minutes to complete, inclu<br>omments on the amount of<br>I Trademark Office, U.S. D<br>S. SEND TO: Commission | and by the USPTO to process)<br>ding gathering, preparing, and<br>time you require to complete<br>epartment of Commerce, P.O.<br>er for Patents, P.O. Box 1450, |  |
|                                                                                                                                                                                                 | tion Act of 1995, no persons                                                                                                                    | are required to respond                                                                                                    | to a collection                                                                             | of information unless it                                                                                                                                                                                                                                                                                                                                | displays a valid OMB cont                                                                                                                       | rol number.                                                                                                                                                     |  |
| PTOL-85 (Rev. 12/04) App<br>IDEMESS2 00000057 0                                                                                                                                                 | 1075033356<br>095033356                                                                                                                         | 2007.                                                                                                                      | )MB 0651-0033                                                                               | U.S. Palent and Tra                                                                                                                                                                                                                                                                                                                                     | demark Office; U.S. DBPA                                                                                                                        | ARTMENT OF COMMERCE                                                                                                                                             |  |

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